#### State of Connecticut Electronic Filing Test Package Tax Year 2004

#### State changes are bolded

Form: CT-1040NR/PY

Test: 400-00-5708

Based off Federal Test: 400-00-1014

Name: Test T Hunter

Home Address: (1234 LUKE THOMAS BLVD)
City, State, and Zip: (COLUMBIA CT 06237)

This test has 20 W-2s. Only the following 2 W-2's will change: (W-2 #2 and W-2 #4)

Form W-2 #2:

b. Employers identification number: (63-1234562)

c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 2)

f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)

(COLUMBIA CT 06237)

Box 8 Allocated Tips: (0)

Box 15 State and State ID Number: (CT 007040-000)

Box 16 State Wages: (2000) Box 17 State Income Tax withheld: (120)

Form W-2 #4:

b. Employers identification number: (63-1234564)

c. Employers name address and Zip Code: (MUSIC ROW CONCERTS CONCERT 4)

f. Employees address and Zip code: (1234 LUKE THOMAS BLVD)

(COLUMBIA CT 06237)

Box 15 State and State ID Number: (CT 0107039-000)

Box 16 State Wages: (1800)
Box 17 State Income Tax withheld: (126)

#### **DIRECT DEPOSIT INFORMATION**

ROUTING NUMBER: 053111674
BANK ACCT NUMBER: 1234445678
BANK ACCOUNT TYPE: CHECKING

		20		_
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### Form CT-1040NR/PY- 2004

**DRS Use Only** 

Connecticut Nonresident or Part-Year Resident Income Tax Return

Other taxable year, beginning:				2	2004	and ending:				
400005708			Y	S		MFJ/QW	MFS		НН	
TEST	Т	HUNTER						NR	Y	PY.
1234 LUKE THOMAS	BL	VD								10 required.
COLUMBIA		СТ	0	6237	7			No fo	rms ne	xt year.
<ol> <li>Federal adjusted gross incom Line 4; or federal Telefile, Line</li> <li>Additions to federal adjusted</li> <li>Add Line 1 and Line 2</li> <li>Subtractions from federal adjusted Gross</li> <li>Income from Connecticut sou</li> <li>Enter the greater of Line 5 or</li> </ol>	e I) gross usted s Ince	gross income ome (Subtract	Sche (from Line 4	dule 1, Sched 4 from SI, Lin	Line 41) Jule 1, Line Line 3) e 29)	e 52)	; Form 1040EZ,	1. 2. 3. 4. 5. 6.		18260 18260 18260 3800 18260
<ul><li>8. Income Tax (from Tax Tables</li><li>9. Divide Line 6 by Line 5 (If Lin</li></ul>	or Ta	x Calculation S	Sched	ule, se	e instruction	ons, Page X)		8. 9.		93
<ul> <li>10. Multiply Line 9 by Line 8</li> <li>11. Credit for income taxes paid to 12. Subtract Line 11 from Line 10</li> <li>13. Connecticut Alternative Minim 14. Add Line 12 and Line 13.</li> <li>15. Adjusted Net Connecticut Mir</li> </ul>	(If Li num T	ne 11 is greate ax (from Form	er thar CT-6	n Line 1 251)	10, enter "			10. 11. 12. 13. 14.		19 19 19
16. Connecticut Income Tax (Sr 17. Individual Use Tax (From Sch 18. Total Tax (Add Line 16 and I	ubtrac edule	ct Line 15 from 3, Line 62) If	Line	14. If I	ess than z			16. 17. 18.		19 50 69

Clip Check or Money Order here (Do Not Staple).

Do Not Attach W-2, W-2G, or 1099 Forms.

	9. Amount from Line 18 (Tota					19.	
W-2	2, W-2G, and 1099 Identifica	tion Inform		Connecticut income			
_	Column A		Column B			umn C	
Emp	loyer Identification Number	Connect	ticut Wages, Tips, I	Etc. Coi	nnecticut Inc	come Tax Withheld	
20a.	631234562	•	2000			120	
20b.	631234564	•	1800			126	
20c.	031234304	•	1000			120	
20d.		•					
20d. 20e.		•					
20e. 20f.		•					
201. 20g.		•					
20g.		•					
20h. Enter	additional Connecticut withho	lding from So	chedule CT-1040WI	H, Line 3. 20h.			
20. Total Conr	necticut Income Tax Withheld	d (add the an	nounts in Column C	and enter here)		20.	
21. All 2004 es	timated tax payments and any	overpaymen	nts applied from a pi	rior year		21.	
22. Payments i	made with Form CT-1040EXT	(Request for	extension of time to	o file)		22.	
23. Total Payn	nents (Add Lines 20, 21, and 2	22)				23.	
24. Overpaym	ent (If Line 23 is more than Lin	ne 19, subtrad	ct Line 19 from Line	23.)		24.	
OF Amount of	ling 24 you want applied to	OUR 200E	imated to			25.	
∠o. Amount of	Line 24 you want <b>applied to y</b> o	our 2005 est	ımateu tax			<b>23.</b>	
Contributions	26a. AR	5	26b. OT	5	26c. E	S/W	
	26d. BCR	10	26e. SNS	10			
26. Total Cont	ributions of Refund to Designa	ated Charitie	s (add amounts from	m Lines 26a - 26e)		26.	
27 Refund (S	ubtract Lines 25 and 26 from L	ine 24)					
	efund, choose Direct Deposit a		Lines 27a, 27b, an	nd 27c.		27.	
	,						
27a. Acct. Type	e Y Ck. Sv. 2	7b. Rout.#	05311167	4 27c. Acct. #	1234	445678	
28. <b>Tax Due</b> (	f Line 19 is more than Line 23,	subtract Lin	e 23 from Line 19)			28.	
29. If Late: En	ter Penalty (Multiply Line 28 by	10% (.10))				29.	
30. If Late: En	ter Interest (Multiply Line 28 by	number of n	nonths late or fraction	on thereof, then by	1% (.01))	30.	
31. Interest on	underpayment of estimated tax	x (From Forn	n CT-2210. See ins	structions, page X)		31.	
32. Total Amo	unt Due (Add Lines 28 through	າ 31)				32.	
I declare under and, to the best a false return to of a paid prepare	penalty of law that I have examin of my knowledge and belief, it is t DRS is a fine of not more than \$5, er other than the taxpayer is base	ned this return rue, complete 000, or impris	n (including any acco e, and correct. I under onment for not more	ompanying schedule rstand the penalty for than five years, or bo preparer has any kno	es and statem r willfully deliv th. The declar	ents) ering ation	
	or ourse man are tarpayor to back	ou on un mon	аот от тот што р	Date		Daytime Telephone Number	r
•				•		•	
Spouse's Signati	ure (if joint return)			Date		Daytime Telephone Number	r
				•		•	
•			Date	Telephone Number		Preparer's SSN or PTIN	
Your Signature  Spouse's Signature  Paid Preparer's	Signature						
Paid Preparer's	Signature		•	•			
•	Signature dress, and ZIP Code		•	•		FEIN	_

ochedule 1 - Modifications to 1 ederal Adjusted 61055 income		
33. Interest on state and local government obligations other than Connecticut		33.
34. Mutual fund exempt-interest dividends from non-Connecticut state or municip	pal government obligations	34.
35. Special depreciation allowance for qualified property placed in service during	this year	35.
36. Taxable amount of lump-sum distributions from qualified plans not included in	n federal adjusted gross	
income		36.
37. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if greater	than zero)	37.
38. Loss on sale of Connecticut state and local government bonds		38.
39. Allocated for future use	•	39.
40. Other - specify ●		40.
41. <b>Total Additions</b> (Add Lines 33 through 40) Enter here and on Line 2.		41.
40 Interest on I.I.C. accomment obligations		40
42. Interest on U.S. government obligations	and the first of the first of the second	40.
43. Exempt dividends from certain qualifying mutual funds derived from U.S. gov	_	43.
44. Social Security benefit adjustment (See Social Security Benefit Adjustment V	Vorksheet, page X)	44.
45. Refunds of state and local income taxes		45.
46. Tier 1 and Tier 2 railroad retirement benefits and supplemental annuities		46.
47. Special depreciation allowance for qualified property placed in service during		47.
48. Beneficiary's share of Connecticut fiduciary adjustment (Enter only if less that	an zero)	48.
49. Gain on sale of Connecticut state and local government bonds		49.
50. Allocated for future use	•	50.
51. Other - specify (Do not include out of state income) ●		51.
52. <b>Total Subtractions</b> (Add Lines 42 through 51) Enter here and on Line 4.		52.
Schedule 2 - Credit for Income Taxes Paid to Qualifying Jurisdictions		
53. Connecticut AGI during residency portion of taxable year (See instructions)		53.
	Col. A	Col. B
54. Enter qualifying jurisdiction's name and two-letter code 54.	•	
55. Non-Connecticut income included on Line 53 and reported on a qualifying jurisdiction's income tax return (Complete Schedule 2 Worksheet, Page X) 55	5.	
56. Divide Line 55 by Line 53 (May not exceed 1.0000)	6.	•
57. Apportioned income tax (See Instructions, Page X) 57.	7.	
58. Multiply Line 56 by Line 57 58	8.	
59. Income tax paid to a qualifying jurisdiction (See instructions, Page X) 59.	9.	
60. Enter the lesser of Line 58 or Line 59	0.	
61 Total credit (Add Line 60, all columns). Enter here and on Line 11	61	

#### Schedule 3 - Individual Use Tax Worksheet

	Column A	Column B	Column C	Column D	Column E	Column F	Column G
•	7/1/04	Dell Computer	Dellradio.com	833.34	50	0	50

- Total of individual purchases under \$300 not listed above
- 50 62. Individual Use Tax 62.

Make your check or money order payable to: "Commissioner of Revenue Services"  To ensure proper posting, write your SSN(s) and "2004 Form CT-1040NR/PY" on your check or money order.							
Mail to:	For refunds and all other tax forms without payment:	For all tax forms with payment:					
	Department of Revenue Services	Department of Revenue Services					
	PO Box 2988	PO Box 2922					
	Hartford CT 06104-2988	Hartford CT 06104-2922					

## **Schedule CT-SI**

# Nonresident or Part-Year Resident Schedule of Income From Connecticut Sources

Use this schedule if you were a Nonresident or Part-Year Resident of Connecticut Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Last Name	Your Social S	ecurity Number
If JOINT Return, Spouse's First Name and Middle Initial	Last Name	Spouse's Soc	ial Security Number
IMPORTANT: SEE INSTRUC	CTIONS ON PAGE 25 BEFORE COMPLET	ING THIS SCH	EDULE.
PART 1 — CONNECTICUT INCOME — Part-Year Re	esidents: Complete Schedule CT-1040AW	Part-Vear Res	ident Income Allocation
Add Columns B and D for each line of Schedule CT-			
income received from Connecticut sources.		3	
1. Wages, salaries, tips, etc.		1	
Taxable interest			
3. Ordinary dividends			
4. Alimony received			
5. Business income or (loss)		The second second	
6. Capital gain or (loss)		1 1000	
7. Other gains or (losses)			
8. Taxable amount of IRA distributions		3 -	
9. Taxable amount of pensions and annuities			
10. Rental real estate, royalties, partnerships, S corporat			
11. Farm income or (loss)			
12. Unemployment compensation		The second secon	
13. Taxable amount of social security benefits			
14. Other income (including lump-sum distributions)			
15. Gross income from Connecticut sources (Add Lines 1		The second secon	00
PART 2 — ADJUSTMENTS TO CONNECTICUT INC			
16. Deduction for clean fuel vehicles			по горопои авоче.
17. Certain business expenses of reservists, artists, and 18. IRA deduction			
19. Student loan interest deduction			
Tuition and fees deduction	The state of the s	//3	
22. Moving expenses			
23. One-half of self-employment tax			
24. Self-employed health insurance deduction			
25. Self-employed SEP, SIMPLE, and qualified plans			
26. Penalty on early withdrawal of savings			
27. Alimony paid. Recipient's last name:			
28. Total adjustments (Add Lines 16 through 27)			
29. Income from Connecticut sources (Subtract Line		20	
Enter the amount here and on Form CT-1040NR/PY, I	,	29	00
			<u>'</u>
EMPLOYEE APPORTIONMENT WORKSHEET — C	Complete Lines A through C only when the	income from a	mplayment is carned both
inside and outside Connecticut and the exact amount	· · · · · · · · · · · · · · · · · · ·		
know the exact amount of your Connecticut source		iot complete i	Lines A unough G il you
-			
A. Working days (or other basis) outside Connecticut			
B. Working days (or other basis) inside Connecticut			
C. Total working days (Add Line A and Line B)			
D. Nonworking days (holidays, weekends, etc.)			
E. Connecticut ratio (Divide Line B by Line C. Round to f	• •		T
F. Total income being apportioned			
G. Connecticut income (Multiply Line E by Line F) Enter		G	
Basis, if other than working days:	<del></del>		

## **Schedule CT-1040AW**

2004

#### **Part-Year Resident Income Allocation**

Part-year residents MUST complete this Schedule before completing Schedule CT-SI Complete and Attach to Form CT-1040NR/PY

Your First Name and Middle Initial	Las	Your Social Security Number						
If JOINT Return, Spouse's First Name and Middle Initial		Las	t Name		Spouse's Socia	—— al Secu	urity Number	
PART 1 – ADJUSTED GROSS INCOME  Married persons filing separate Connectic	ut	Federal Income as Modified (See instructions, Page X)	Connec Resident				ecticut ent Period	
income tax returns should complete separate worksheets.		COLUMN A Income from federal return	COLUN Income from for this p	Column A	COLUMN ( Income from Colum for this period	nn A 🛭	COLUN Income from from Connection	Column C
1. Wages, salaries, tips, etc								
2. Taxable interest			-					
3. Ordinary dividends						+		
4. Alimony received	. 4			9335-93-93-	5852 SWW-58 NE W			
5. Business income or (loss)								
6. Capital gain or (loss)					- 3			
7. Other gains or (losses)	8			7				
8. Taxable amount of IRA distributions			1 1					
<ul><li>9. Taxable amount of pensions and annuities</li><li>10. Rental real estate, royalties, partnerships,</li></ul>	٠٢							
S corporations, trusts, etc.	. 10							
11. Farm income or (loss)	F .	<del></del>		- 4	- 4			
12. Unemployment compensation	_		48 -					
13. Taxable amount of social security benefits	4000		(-1 H T C		-			
14. Other income (including lump-sum distributions)	. 14			-				
15. Add Lines 1 through 14	. 15	00	0	00	33	00		00
PART 2 – ADJUSTMENTS TO INCOME		UK	2					_
16. Deduction for clean-fuel vehicles	. 16							
17. Certain business expenses of reservists, artists, and fee-basis government officials	. 17	toher	1 20	004	. R			
18. IRA deduction			<del>-, -</del>	<b>4</b>				
19. Student loan interest deduction	-			1800000				
20. Tuition and fees deduction	Section 1			THE.	5			
21. Health savings account deduction	. 21							
22. Moving expenses	. 22							
23. One-half of self-employment tax	. 23							
24. Self-employed health insurance deduction	. 24							
25. Self-employed SEP, SIMPLE, and qualified plans $\ensuremath{\text{.}}$	. 25							
26. Penalty on early withdrawal of savings	_							
27. Alimony paid	_					Ш		
28. Total adjustments (Add Lines 16 through 27)								
29. Subtract Line 28 from Line 15			•	00		00	07.01	00
Add Columns B and D for each PART 3 – PART-YEAR RESIDENT INFORMA			als on Lines	s 1 throug	jh 29 on Sche	dule	CT-SI.	
Moved <b>Into</b> Connecticut	AT IO	IN						
			- f! : -					
Date you moved into Connecticut			=					
2. Date <b>your spouse</b> moved into Connecticut _		<u>                                     </u>	and state of p	<b>orior</b> resid	ence:			
Moved <b>Out of</b> Connecticut								
1. Date <b>you</b> moved out of Connecticut		and stat	e of <b>new</b> res	sidence:		]		
2. Date <b>your spouse</b> moved out of Connecticut		1 1	and state o	of <b>new</b> res	idence:			
Income From Connecticut Sources Durin	g No	onresident Period						
1. Did <b>you</b> receive income from Connecticut so	urce	s during your nonre	sident period	l?			YES 🗖	NO □
2. Did your spouse receive income from Conn	ectic	ut sources during hi	s or her non	resident p	eriod?		YES 🗖	NO 🗆

Label Label   Compare   Section   S	<b>1040</b>		rtment of the Treasury—Internal Revenue Servenue Servenue Tax Retu		(00)	IDO 11 O-1			anta la Mala ancas	
Vour first name and initial   Last name   Vour social security number   Vour social security n	1010				(99) 4, ending		y—Do not		· · · · · · · · · · · · · · · · · · ·	
Total number of exemptions claimed   Last.name   Spouse's social security number on page 18.   Home address (humber and street). If you have a P 0 200, see page 16.   Apt. no.   Important!   You must enter or type, Presidential Election Campsin   Do you, or your spouse if filing a joint return, want \$8 to go to this fund?   You must enter your SNN(s) above.   You Spouse   See page 18.   Total number of exemptions claimed   Total number of exemptions   Total number of exemptions   Total	Label	_		<u> </u>	, <u> </u>	· · ·				ber
The content of the										
Home address (number and steed), if you have a £ 0 best, see page 16.	on page 16.)	If a	joint return, spouse's first name and initial La	st name				Spouse's	social security n	ıumber
please print or type.  Presidential Election Campaign (See page 16)  Note. Checking "Yes" will not change your tax or reduce your refund.  Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund?  I Single page 16)  Note. Checking "Yes" will not change your tax or reduce your refund.  Do you, or your gopouse if filling a joint return, want \$5 tis go to this fund?  I Single Tilling Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  Exemptions  Filing Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  Exemptions  Filing Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  Exemptions  Filing Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Single Tilling Status  I Married filing supparately. Enter spouse's SSN above and full name here.  I Coalifying widow(er) with dependent child (see page 17)  Filing Status  If more than four dependents, see page 18.  If more than four dependents, see page 19.  If more than four dependents, see page 19.  If was a status forms and the see that the seed of the seed	label.	Но	me address (number and street). If you have a P.	O. box, see page 16.		Apt. no.		▲ Ir	nportant!	
Blacton Campaign   Note. Checking "Yes" will not change your tax or reduce your refund.	please print R	Cit	v, town or post office, state, and ZIP code. If you	have a foreign addre	ess, see pag	e 16.				١.
Do you, or your spouse if filling a joint return, want \$3 to go to this fund?			Note Charling "Va" will be become					You	Spous	se
Filing Status  Check only  Married filing perparately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  and full name here. ▶  filing separately: Enter spouse is SN above  compendents.  compendents.  (2) Opendents. (3) Dependents. (1) First name. Cast name						d?	. •	Yes	□No □Yes	No
Check only one box.    Married filing separately. Enter spouse's SSN above and full name here.	Eilin o Otatan	1	Single	4	<b>↓</b> ☐ Head	of household	d (with q	ualifying p	person). (See page	e 17.) If
and full name here. ▶ 5 □ Qualifying widow(er) with dependent child (see page 17)  Fare Spouse. Spous	Filing Status	2	Married filing jointly (even if only one ha	d income)				hild but n	ot your dependen	t, enter
Exemptions    Figure		3						dopondo	ent child (see pas	70 17)
Spouse   C   Dependents   C   Depende	one box.	60				, ,	er) with	ÌΕ	Boxes checked	je 17)
c Dependents: (1) First name  (2) Dependents: (2) Dependents: (3) Dependents: (4) If unushing relationship to your prelationship to	Exemptions							(		
If more than, four dependents, see page 18.		С						fying o	n 6c who:	
If more than four dependents, see page 18.  Income  Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  If you did not get a W-2, see page 19.  If you did not get a W-2, see page 19.  If you did not get a W-2, see page 19.  If you did not get a W-2 here. Also attach see page 20.  If you did not get a W-2, see page 19.  If you did not get a W-2 here. Also attach see page 20.  If you did not get a W-2 here. Also see page 20.  If you did not get a W-2 here. Also see page 20.  If you did not get a W-2 here. Also see page 20.  If you did not get a W-2 here. Also see page 20.  If you did not get a W-2 here. Also see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach see page 20.  If you did not get attach			(1) First name Last name						•	
Income  4 Total number of exemptions claimed  4 Total number of exemptions claimed  5 Wages, salaries, tips, etc. Attach Form(s) W-2  8a Taxable interest. Attach Schedule B if required  8b Saa  6 Ordinary dividends. Attach Schedule B if required  8a Sordinary dividends. Attach Schedule B if required  9a Ordinary dividends. Attach Schedule B if required  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)  11 Alimony received  12 Lesiness income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here □  14 Other gains or (losses). Attach Form 4797  15a IPA distributions  15a Pensions and annuities  15b D Taxable amount (see page 22)  15c D Taxable amount (see page 22)  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  17 Income  18 Pensions and annuities  19 Unemployment compensation  19 Unemployment compensation  19 Unemployment compensation  19 D Social security benefits  20a Social security benefits  20b Social security benefits  20c Social security benefits  21 Educator expenses (see page 28)  22 Educator expenses (see page 28)  23 Educator expenses (see page 29)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  18 Reduction (see page 28)  22 Educator expenses (see page 29)  23 Educator expenses (see page 29)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 IRA deduction (see page 29)  26 Student toan interest deduction (see page 28)  27 Tuition and fees deduction (see page 29)  28 Health savings account deduction. Attach Form 8889  29 Moving expenses. Attach Form 3903  29 Seriemployed Sep Sep SiMPLE, and qualified plans  30 Penalty on early				1 1						
Add numbers on   Add								(5	see page 18)	
Income				1 1						
Income		d	Total number of exemptions claimed							
Attach Form(s) W-2 here. Also attach Formation W-2G and 1099-R it tax was withheld.  10 Tax-exempt interest. Do not include on line 8a		7	•							
We2-here. Also attach Forms We2- here. Also attach Forms We3- here. Also attach Forms We3- here. Also get a W-2, see page 19.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Adjusted Gross Income  4	Income	8a	Taxable interest. Attach Schedule B if rec	quired				8a		<u> </u>
attach Forms W-2Q and 1099-Ri rif tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20) 10 11 11 11 11 11 11 11 11 11 11 11 11	Attach Form(s)	b	Tax-exempt interest. Do not include on li	ne 8a	8b					
W-2G and 1099-R if tax was withheld.  10 Taxable refunds, credits, or offsets of state and local income taxes (see page 20)  11 Alimony received  12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required, check here □  13 If you did not get a W-2, see page 19.  15a IRA distributions 15a   b Taxable amount (see page 22)  15a Pensions and annuities 15a   b Taxable amount (see page 22)  15a Pensions and annuities 15a   b Taxable amount (see page 22)  15b Isa Pensions and annuities 16a   b Taxable amount (see page 22)  15b Isa Pensions and annuities 17c Pensions, S corporations, trusts, etc. Attach Schedule E 17c Pensions and annuities 17c Pensions Pensions Pensions Pensions Pensions, Attach Schedule F 17c Pensions		9a	Ordinary dividends. Attach Schedule B if r	required				9a		
Adjusted Gross   Adjusted Gross   Add unes   See   Adjusted Gross   Add unes   Adjusted Gross   Adjusted			` ,					10		
12 Business income or (loss). Attach Schedule C or C-EZ  13 Capital gain or (loss). Attach Schedule D if required. If not required, check here □  14 Other gains or (losses). Attach Form 4797 see page 19.  15a IRA distributions  15b Taxable amount (see page 22)  15b Taxable amount (see page 22)  16c IRA distributions  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E  18 persions and annuities  19 Unemployment compensation  19 Unemployment compensation  19 Unemployment compensation  20a Social security benefits  20a Unter income. List type and amount (see page 24)  21 Add the amounts in the far right column for lines 7 through 21. This is your total income  22 Educator expenses (see page 26)  23 Educator expenses (see page 26)  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  25 IRA deduction (see page 28)  26 Student loan interest deduction (see page 28)  28 Health savings account deduction. Attach Form 8889  29 Moving expenses. Attach Form 3903  30 One-half of self-employment tax. Attach Schedule SE  31 Self-employed health insurance deduction (see page 30)  32 Self-employed SEP, SIMPLE, and qualified plans  33 Penalty on early withdrawal of savings  34 Alimony paid b Recipient's SSN ▶  35 Add lines 23 through 34a  35 Add lines 23 through 34a				e and local incom	e taxes (se	e page 20)				+
13	was withheld.		•							+
14   Other gains or (losses). Attach Form 4797   15a   IRA distributions   15a     15a       b   Taxable amount (see page 22)   16b   Taxable amount (see page 22)   17c   Taxable amount (see page 22)   17c   Taxable amount (see page 24)   17c   Taxable amount (see pa			` ,				ĊП	13		
See page 19.  16a Pensions and annuities 16a b Taxable amount (see page 22) 16b  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  18 Farm income or (loss). Attach Schedule F.  19 Unemployment compensation 19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 22  Adjusted Gross Income  23 Educator expenses (see page 26) 23  Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) 25  Student loan interest deduction (see page 28) 26  27 Tuition and fees deduction (see page 29) 27  28 Health savings account deduction. Attach Form 8889 29  Moving expenses. Attach Form 3903 29  30 One-half of self-employment tax. Attach Schedule SE 30  31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans 32  33 Penalty on early withdrawal of savings 33  34a Alimony paid b Recipient's SSN ▶ 34a  35 Add lines 23 through 34a 35	If you did not							14		
Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Adjusted Gross Income  Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose, but do not attach, any payment. Also, please use Form 1040-V.  Enclose or (loss). Attach Schedule F.  Unemployment compensation  19 20b 21  22c  23  Educator expenses (see page 24)  24  Educator expenses (see page 26)  25  Educator expenses (see page 26)  26  Educator expenses (see page 26)  27  Educator expenses (see page 26)  28  Educator expenses (see page 26)  29  Educator expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ  Enclose  Enclose payment. Also, please use  Enclose payment. Also, please use  Encome  Enclose payment. Also, please use  Enclose pa		15a	IRA distributions 15a							
Enclose, but do not attach, any payment. Also, please use Form 1040-V.  18 Farm income or (loss). Attach Schedule F.  19 Unemployment compensation  20a Social security benefits	see page 19.	16a	Pensions and annuities 16a	b	Taxable am	ount (see pag	e 22)	16b		
payment. Also, please use Form 1040-V.  19 Unemployment compensation 20a Social security benefits 20a b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ≥ 22  Adjusted Gross Income  23 Educator expenses (see page 26) 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 25 IRA deduction (see page 26) 26 Student loan interest deduction (see page 28) 27 Tuition and fees deduction (see page 29) 28 Health savings account deduction. Attach Form 8889. 29 Moving expenses. Attach Form 3903 30 One-half of self-employment tax. Attach Schedule SE 31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans 33 Penalty on early withdrawal of savings 34 Alimony paid b Recipient's SSN ▶ 35 Add lines 23 through 34a  36 Add lines 23 through 34a  37 Add lines 23 through 34a  38 Income  19 20b 20b 21 20c 21 22  23   24   25   25   26   27   27   30   31   32   32   33   34a   35   34a   35   35   36		17		S corporations, tru	sts, etc. At	tach Sched	ule E			₩
please use Form 1040-V.  20a Social security benefits . 20a   b Taxable amount (see page 24) 21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶ 22  Adjusted Gross Income  23 Educator expenses (see page 26) . 23  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 18 A deduction (see page 26) . 25  18 A deduction (see page 26) . 26  25 IRA deduction (see page 28) . 26  26 Student loan interest deduction (see page 28) . 27  28 Health savings account deduction. Attach Form 8889 . 28  29 Moving expenses. Attach Form 3903 . 29  30 One-half of self-employment tax. Attach Schedule SE . 30  31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans . 32  33 Penalty on early withdrawal of savings . 33  Add lines 23 through 34a			` '							$\vdash$
21 Other income. List type and amount (see page 24) 22 Add the amounts in the far right column for lines 7 through 21. This is your total income ▶  23 Educator expenses (see page 26)	please use									$\vdash$
Adjusted Gross Income  22	Form 1040-V.									
Adjusted Gross  24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ Income  25 IRA deduction (see page 26)			Add the amounts in the far right column for	lines 7 through 21.	This is you	r total inco	ne ▶	22		
Gross   24   Certain business expenses of reservoists, periodining attists, and fee-basis government officials. Attach Form 2106 or 2106-EZ   25   25   26   27   28   Health savings account deduction (see page 29)	A alternational	23	Educator expenses (see page 26)		23					
Income  25 IRA deduction (see page 26)	-	24	Certain business expenses of reservists, perfor	ming artists, and						
26 Student loan interest deduction (see page 28)										
Tuition and fees deduction (see page 29)	income		, , , <del>,</del> , , ,				+			
Health savings account deduction. Attach Form 8889.  Health savings account deduction. Attach Form 8889.  Moving expenses. Attach Form 3903.  One-half of self-employment tax. Attach Schedule SE.  Self-employed health insurance deduction (see page 30)  Self-employed SEP, SIMPLE, and qualified plans.  Penalty on early withdrawal of savings.  Alimony paid b Recipient's SSN Add lines 23 through 34a.							+			
29 Moving expenses. Attach Form 3903			, , , , , ,							
30 One-half of self-employment tax. Attach Schedule SE . 31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans . 33 Penalty on early withdrawal of savings . 34a Alimony paid b Recipient's SSN ▶										
31 Self-employed health insurance deduction (see page 30) 32 Self-employed SEP, SIMPLE, and qualified plans			-		30					
33 Penalty on early withdrawal of savings					31					
34a Alimony paid <b>b</b> Recipient's SSN ► 34a 35 Add lines 23 through 34a		32	Self-employed SEP, SIMPLE, and qualified	d plans						
35 Add lines 23 through 34a		33					+			
35 Add lines 23 through 34a								25		
			Subtract line 35 from line 22. This is your	adjusted gross in	 ncome					+

Form 1040 (2004)			Page 2
Toy and	37	Amount from line 36 (adjusted gross income)	37
Tax and	38a	Check [ You were born before January 2, 1940, Blind.] Total boxes	
Credits	oou	if: Spouse was born before January 2, 1940, ☐ Blind.   checked ▶ 38a	
	١.	( = spoulos mas som solore samally 2, 10 to, = similar) similar	
Standard Deduction	b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 31 and check here   38b	20
for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39
• Doonlo who	40	Subtract line 39 from line 37	40
<ul> <li>People who checked any</li> </ul>	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on	
box on line		line 6d. If line 37 is over \$107,025, see the worksheet on page 32	41
38a or 38b <b>or</b> who can be	42	<b>Taxable income.</b> Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42
claimed as a	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972	43
dependent, see page 31.	44	Alternative minimum tax (see page 35). Attach Form 6251	44
			45
All others:	45	Add lines 43 and 44	40
Single or Married filing	46	Toroigh tax croais. Assault of the required	
separately,	47	Credit for child and dependent care expenses. Attach Form 2441	
\$4,850	48	Credit for the elderly or the disabled. Attach Schedule R 48	
Married filing	49	Education credits. Attach Form 8863	
jointly or	50	Retirement savings contributions credit. Attach Form 8880	
Qualifying widow(er),	51	Child tax credit (see page 37)	
\$9,700	52	Adoption credit. Attach Form 8839	
Head of	53	Credits from: <b>a</b> ☐ Form 8396 <b>b</b> ☐ Form 8859	
household,		Credita from deed B Tom 6000	
\$7,150	54	Other credits. Check applicable box(es): a Form 3800	
		<b>b</b> ☐ Form 8801 <b>c</b> ☐ Specify <b>54</b>	
	55	Add lines 46 through 54. These are your total credits	55
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0	56
Other	57	Self-employment tax. Attach Schedule SE	57
	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	58
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required .	59
	60	Advance earned income credit payments from Form(s) W-2	60
	61	Household employment taxes. Attach Schedule H	61
	62	Add lines 56 through 61. This is your <b>total tax</b>	62
		00	02
Payments <b>Payments</b>	63	Federal income tax withheld from Forms W-2 and 1099 63	
	64	2004 estimated tax payments and amount applied from 2003 return 64	
If you have a	65a	Earned income credit (EIC)	
qualifying child, attach	b	Nontaxable combat pay election   [65b]	
Schedule EIC.	66	Excess social security and tier 1 RRTA tax withheld (see page 54)	
	67	Additional child tax credit. Attach Form 8812 67	
	68	Amount paid with request for extension to file (see page 54) 68	
	69	Other payments from: a Form 2439 b Form 4136 c Form 8885 . 69	
	70	Add lines 63, 64, 65a, and 66 through 69. These are your <b>total payments</b>	70
			71
Refund	71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you <b>overpaid</b>	
Direct deposit?	72a	Amount of line 71 you want <b>refunded to you</b>	72a
	▶ b	Routing number Savings Checking Savings	
and fill in 72b, 72c, and 72d.	d	Account number	
720, and 720.	73	Amount of line 71 you want applied to your 2005 estimated tax     73	
Amount	74	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55 ▶	74
You Owe	75	Estimated tax penalty (see page 55)	
Third Dorty	Do	you want to allow another person to discuss this return with the IRS (see page 56)?	complete the following. No
Third Party		Signed's Payanal identifies	
Designee	nar	signee's Phone Personal identification no. ▶ ( ) number (PIN)	ation
Sign		der penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and	to the best of mv knowledge and
Sign		ief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of wh	
Here	You	ur signature   Date   Your occupation	Daytime phone number
Joint return?		- Car Company	,
See page 17.	<b>N</b> _		( )
Keep a copy for your	Spe	ouse's signature. If a joint return, <b>both</b> must sign. Date Spouse's occupation	
records.			
Doid	Pro	eparer's Date Check if	Preparer's SSN or PTIN
Paid		nature Check if self-employed	
Preparer's	Firr	m's name (or EIN	:
Use Only	you	urs if self-employed),	( )
	ado	dress, and ZIP code Phone no.	( ) Form 1040 (2004)